

S. No. 2  
A-12-45  
7. 5-17-39  
I X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27952  
State File No. 3672  
Registrar's No.

Registration District No. 149

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1728 Summit  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susan P. Stewart

3. (b) If veteran, name war No 3. (c) Social Security No. NONE  
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Andrew J. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec. 31 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 7 25 hr. min.

9. Birthplace Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business housewife

12. Name John Shaw

13. Birthplace Texas  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Hodge

15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Stewart

(b) Address 1518 Pacific

17. (a) burial (b) Date thereof 8-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem K.C.

18. (a) Signature of funeral director Edna Brad

(b) Address 1416 Pennsylvania Ave. N.W.

19. (a) 8-26-47 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1728 Summit  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1947 hour 6 minute PM M.

21. I hereby certify that I attended the deceased from 15 Feb, 1947, to 16 Jun, 1947.  
that I last saw her alive on 16 Jun, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
chronic  
Due to Arterial Hypertension  
Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. Stewart (M. D. or other) 170

Address 837 1/2 W. 1st Ave Date signed 8/26/47

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kans City Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.